



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH LAFAYETTE

City of Hospital: Lafayette

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: David Ostheimer

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Medicare Provider Number: 150109

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$605262832
Outpatient Patient Service Revenue	\$707794544
Total Gross Patient Service Revenue	\$1313057376

2. Deductions From Revenue

Contractual Allowance	\$916381558
Other Deductions	\$50957031
Total Deductions	\$967338589

3. Total Operating Revenue

Net Patient Service Revenue	\$345718787
Other Operating Revenue	\$21522877
Total Operating Revenue	\$367241664

4. Operating Expenses

Salaries and Wages	\$126171711	Employee Benefits	\$35032826
Depreciation and Amortization	\$23034354	Interest Expense	\$8788373
Bad Debt	\$4096280	Other Expenses	\$142614200
Total Operating Expenses	\$339737744		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$31600200	Total Assets	\$427158653
Net Non-operating Gains over Loss	\$844293	Total Liabilities	\$53202771

Total Net Gains	\$32444493
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$625217210	\$501760951	\$123456259
Medicaid	\$234738679	\$173130842	\$61607837
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$453101487	\$241489766	\$211611721
Total	\$1313057376	\$916381559	\$396675817

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$88824	\$-88824

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$6301188	\$8309448	\$-2008260
Hospital Patients	\$0	\$0	\$0
Community Education	\$352284	\$2219934	\$-1867650

Number of Medical Professionals Trained	759
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	58338

Statement Six: Charity Statement

Hospital Charity Charges	\$50957031
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$12901907	
HCI Payments	\$0		
Subtotal	\$0	\$12901907	\$-12901907
Medicaid Shortfalls	\$65689843	\$78360981	
Subtotal	\$65689843	\$91262888	\$-25573045
DSH Payments	\$0		
Subtotal	\$65689843	\$91262888	\$-25573045
Medicare Shortfalls	\$119524358	\$152815415	
Other Government Programs	\$0	\$0	
Total	\$185214201	\$244078303	\$-58864102

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$272165	\$1824131	\$-1551966

Comments

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